

# Marin County Child and Family Services System Improvement Plan (SIP)

Marin County Health and Human Services  
Social Service Division  
Children and Family Services Department  
September 2004

## California's Child and Family Services Review System Improvement Plan

<b>County:</b>	<b>Marin</b>
<b>Responsible County Child Welfare Agency:</b>	Marin County Health and Human Services- Social Service Division
<b>Period of Plan:</b>	<b>September 2004-June 30, 2005</b>
<b>Period of Outcomes Data:</b>	<i>Quarter ending June 30, 2003</i>
<b>Date Submitted:</b>	<i>September 30, 2004</i>
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<b>Submitted by each agency for the children under its care</b>	
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<b>Name:</b>	<b>Jane Chopson-Director of Social Service</b>
<b>Signature:</b>	
<b>Submitted by:</b>	<b>County Chief Probation Officer</b>
<b>Name:</b>	<b>Michael Robak- Chief Probation Officer</b>
<b>Signature:</b>	

## **I. SIP Narrative:**

Marin continues to utilize the opportunities offered by the Child Welfare Redesign in engaging our community partners, philanthropic entities, and political leaders to ensure that a comprehensive continuum of services are offered to the children and families in our community. This process has continued to show that all future strategies should strive to provide services for children and families when early warning signs emerge, and that community systems, both public and private, must work to collaborate and streamline service provision throughout as a matter of best practice.

By continuing to build on successful programs already in place, Marin can greatly improve its methods of practice and maximize the number of families in the community receiving services.

Continuing to find ways to improve communication between agencies is a goal for all future work. A continuing theme in all communication is that ongoing education surrounding Child Welfare practice and services is necessary throughout the community. By reaching into the community, and providing ongoing educational and networking opportunities, Marin will continue to build on the strength of its local partners. In addition, it is imperative that we seek to improve collaboration and full participation by both public and private entities. In this way, we can further enrich the current level of community involvement and service provision, and ensure that children and families are not only surviving, but thriving in our community.

### **1. Identify Local Planning Bodies:**

Marin County has developed a Child Welfare Redesign Stakeholders Team in order to maximize the input from the Community. Members of this team have met regularly to review the County Self-Assessment, and develop the System Improvement Plan. This group will be instrumental in directing the implementation of the System Improvement Plan. The group was carefully selected to include representation from a variety of Public and Private providers, foster parents, community representatives, children's advocates, health providers, funders, and youth.

The following is a listing of the stakeholders, in addition, an Advisory Board consisting of County Directors, Superintendent of Schools, and Chief of Probation will oversee the work.

## CHILD WELFARE RE-DESIGN ROSTER

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## **2. Share Findings that Support Qualitative Change:**

The self-assessment process allowed Marin County to review all aspects of program operations and identified many areas of strength, along with areas requiring improvement. The process included conducting an extensive series of focus groups, that were facilitated by an outside mediator. Specific questions were asked of each group, and the information was gathered into specific, thematic areas.

- **Methodology**

Eleven focus groups were convened for an hour each and given three questions to discuss. Those questions were:

1. What is your personal interest in the children's welfare system? What experiences have informed your interest?
2. What, in your opinion, is working in our current system? What, in your opinion, is not working?
3. What, in your opinion, would an ideal children's welfare system look like? What would it do and how would it do it?

These groups were moderated and documented by Cindy L. Myers of the Coordinated Youth Services Council. The questions were given to the group following a brief introduction of the background of this project and an explanation of the moderator's role. Group members were informed that their names would not be taken next to their comments and would not be revealed in the final report.

The methodology used for this study is a thematic analysis. This type of qualitative analysis involves recording the discussions of each focus group, then reviewing this content for themes – or categories of subjects discussed. The analysis of the themes is based on the frequency of themes and notable patterns within and among groups.

- **Focus Group Participants**

This study was done with focus groups comprised of the following stakeholders:

- **Agencies and community members peripherally involved with the Child Welfare system (8);**

The group included a former foster parent, a former worker for the federal government, two fathers, a school-linked services agency director, members of the child care commission and staff persons from non-profit agencies.

- **Child health advocates (7);**

Division of Public Health employees who work in child care and early childhood settings.

- **Children's Welfare supervisors (9)**

Persons in management, supervisory and executive level positions.

- **Dependency Task Force (9);**

Attorneys for children, attorneys for parents, dependency court judges and commissioners, CASA, Dept. of Social Services staff, private attorneys.

- **Former foster children (5);**

Participants in the Independent Living program

- **Marin County H&HS Public Health employees (5);**

Persons in direct services, management and executive positions.

- **Marin County H&HS Social Services, Child Protective Services employees (6)**

Persons working in direct service positions.

- **Foster parents (7);**

Members of the foster parents association.

- **Contract service providers (4);**

Staff persons from non-profit organizations providing residential and family preservation services to CPS clients.

- **Biological parents (4);**

Parents who have children in the child welfare system and are participants in the Family Network conferencing teams.

- **Educators (3)**

Teachers recruited via email by the SELPA director

By looking across groups at the issues raised, a reasonably broad perspective was gained on how the children's welfare system is perceived and experienced. Most valuable is the breadth of contributions about the nature of an ideal system. In order to gain such a breadth of perspective, it is very important to include the perspectives of as many types of stakeholders as possible. The perspectives of persons and groups who are mostly outside the day-to-day operations of the system tended to be the most broad, treating issues of the children's welfare system in a larger relationship to other arenas such as income, poverty, health care and education. Those within the system, maintain a focus on their particular piece. For this reason, Marin County concluded that Redesign efforts should consciously seek to include the full participation of those whose understanding is broad, but general along with those whose understanding is deep, but narrowly focused.

Focus group comments underscore the greatest challenge of the children's welfare system: the often impossible expectations that workers (in all parts of the system) be able to quickly and accurately assess risk and predict which course of action will ultimately be in the best interests of any given child. Many researchers on this subject have confirmed that this expectation is far from reachable. Indeed, what these focus groups underscore is the fact that successful outcomes of child welfare interventions are attributable to art more than science. It is most often the specific practices and characteristics of individual workers that are pivotal in deciding whether children's welfare interventions are experienced as helpful or harmful. Additionally, it is the ongoing, naturally occurring community support that maintains healthy families.

With these observations in mind, Marin County plans to address the following list of optimal system characteristics as a framework for the Redesign work.

The Redesign efforts in Marin will be focused in five basic content areas:

- a. Organizational Development**
- b. Service delivery practices**
- c. Foster care**
- d. Policy and procedure analysis and advocacy**
- e. Resource development**

In addition, the following values will guide this process:

- a. Maximum stakeholder participation in planning and implementation;**
- b. Maximum flexibility in allowable practices and policy interpretations;**
- c. Full partnership relations between staff, families, foster parents and service providers;**
- d. Holistic approaches to system planning, design and implementation;**
- e. Innovation and pro-activity**
- f. Comprehensive service delivery**

The focus groups clearly unveiled that while there are many positive area's of practice in Marin, there is still much work that can be done. The Redesign Process allows the exploration of change on a variety of systemic levels. From the internal system changes within Child Welfare, to the larger system collaboration issues within Marin County Health and Human Services, to the inclusion and collaboration with public and private providers, these challenges present an exciting opportunity to foster a community where children and families thrive.



## **I. Summary Assessment**

### **A. Discussion of System Strengths and Areas Needing Improvement:**

#### **County Profile**

Marin County is a place of amazing environmental beauty and incredible financial prosperity. A 520 square mile area, boasting miles of coastline on the Pacific and San Francisco Bay, Marin's population of approximately 250,000 enjoy mild weather and countless opportunities for outdoor recreation. The quality of life is further enhanced by a low crime rate, and highly educated, involved citizenry who promote health and environmental issues and protect their landscape from uncontrolled growth.

Marin enjoys one of the highest standards of living in the nation, and the unemployment rate continues to be the lowest in the Bay Area. The most significant trends identified in the 2000 Census include a rapidly growing Hispanic population, one of the highest housing costs in the nation, and the fact that poverty disproportionately affects minority households in Marin.

Marin is a small county and collaboration among the service providers allows many opportunities for both government agencies and community partners to develop and implement innovative programs. The Child Welfare Redesign has allowed Marin County Child Protective Services to examine the critical issues facing the most vulnerable populations in our community.

#### **Self-Assessment Process**

The self-assessment process allowed CPS to review all aspects of program operations and identified many areas of strength, along with areas requiring improvement. The process included conducting an extensive series of focus groups with: CPS staff/management and line staff; Birth parents, Care-providers; Foster care youth; Health providers; Public and Private Agency providers; Juvenile Court participants; Contract service providers; and Educators. These groups were facilitated by an outside mediator from Coordinated Youth Services Council who asked the following questions: What is your personal interest in the children's welfare system? What experiences have you had? What, in your opinion, is working in our system? What, in your opinion, is not working? and What, in your opinion, would an ideal children's welfare system look like? What would it do and how would it do it?

Additional information reviewed included comprehensive reports previously done by First 5 Marin, and the Healthier Community Task Force of Marin, as well as the School Accountability Report Card produced by the Marin

County Office of Education and Building a Better Future, a Report Card for the North Bay completed by the Healthy Marin Partnership.

In addition, Marin County Health and Human Services, in collaboration with Marin Advocates for Children hosted a countywide Children's forum to provide education about the Redesign process and elicit comments.

The focus groups, forum, and prior County assessment information provided critical contributions to this self-assessment.

### **Outcomes and Data Indicators:**

An analysis of the data revealed the following:

Marin is comparable to the state in the areas of:

- Recurrence of maltreatment
- Rate of recurrence of abuse and/or neglect in homes where children were not removed

Marin data was well above the statewide performance average in the areas of:

- Percent of child abuse/neglect referrals with a timely response
- Length of time to exit foster care to reunification
- Siblings placed together in foster care

Marin continues to perform well in the areas of:

- Foster care placement in least restrictive settings
- Children transitioning to self-sufficient adulthood

Marin is below the statewide performance average in the areas of:

- Length of time to exit foster care to adoption
- Multiple foster care placements
- Rate of foster care re-entry
- Timely social work visits with children

In performing the review of these outcomes, some significant factors emerged regarding key measurements.

### **Safety Outcomes:**

While Marin data reflects a relatively good performance average in the rate of recurrence of abuse and/or neglect in homes where children were not removed, it is a major concern to this agency that children who have been referred are then referred again due to repeated abuse or neglect. There are many reasons, such as reoccurring substance abuse, that this occurs in spite of in-depth agency interventions. This is however an area which Marin would like to further explore with its community partners.

Preventing the recurrence of maltreatment is a core value in the work of Child Welfare. It is the intent of Marin County to further analyze the factors underlying the recurrence of abuse and/or neglect and to focus on improving these outcomes.

An area that requires additional attention in future planning is the internal tracking of the rate of abuse/neglect in foster care. These investigations are conducted by the Licensing Unit, and not always entered correctly into CWS/CMS. An internal plan to change this system is currently underway.

Marin believes that they are, in practice, well within the state approved standards for monthly social worker visits with a child. Marin attributes this incorrect data primarily to CWS/CMS data entry problems which have been corrected. Extensive training has been conducted with staff, and Marin expects to see data improvement in this area in the future.

### **Permanency and Stability Outcomes:**

The outcomes in this area are particularly difficult to address, as the factors that guide these outcomes for children are challenging and complex. Marin is confident that continued efforts such as the implementation of SDM and ongoing work with Juvenile Court personnel will benefit families and improve outcomes in this area. Marin would additionally like to see improvement in the length of time to exit foster care to adoption, but will not include this in our SIP at this time.

Marin would like to improve its outcomes in the area of re-entry or return to foster care. By placing an emphasis on strength based practice, and providing ongoing and increased services to family maintenance plans, Marin hopes to address this outcome in the Marin County SIP.

Marin would additionally like to improve our outcomes in multiple foster care placements. While it is believed that the higher outcomes are attributed to the fact that Marin utilizes a shelter/assessment system upon emergency placement which constitutes one placement, Marin would like to further explore this outcome in our SIP, as we believe it will assist us in further enhancing our foster care recruitment and retention.

### **Family Relationships and Community Connectedness:**

Despite the difficulty in obtaining and maintaining foster homes capable of handling large sibling groups, Marin outcomes have been fairly good in this area. Marin does see a need to work more closely with the foster care community, and to increase our recruitment and retention efforts.

Marin has been committed to maintaining children in the least restrictive placements, and performs well in this indicator. This success reflects the efforts of the Youth Pilot Program and the recent state waiver. Additionally Marin has made efforts to increase the number of relative/non relative extended family member placements.

### **Well Being Outcomes:**

Marin credits its performance in this area to its energetic and inclusive Independent Living Program, however improvements in the area of additional transitional housing need to be explored. Marin has recently begun a series of Family Group Conferencing style meetings which will occur every six months with foster youth ages 16 and older in hopes of further identifying available supports and resources that will assist in transition from foster care.

### **Areas for Further Exploration Through the Peer Quality Case Review:**

Another aspect of the AB 636 process that will provide additional information to Marin County CPS is the Peer Quality Case Review. It is anticipated that colleagues in adjoining counties, along with social work and supervisory staff will conduct peer quality reviews. This will provide an opportunity to look constructively at our program and learn from other counties.

In addition to the areas that Marin will be exploring in our SIP, it is anticipated that the peer quality review will assist us in further investigation in the areas of overrepresentation of minorities in foster care, as well as providing strategies to improve practice. Marin is anxious to share in this innovative process with our neighboring counties.

### **Conclusion:**

Marin County Child Protective Services sees this self-assessment process as a beginning step in improving the County's goal to provide services that will protect children from abuse and neglect. The strong collaborative foundation which already exists in Marin can be built upon and expanded, and as a community we can move towards improving the outcomes for all of our children. The Self-Assessment, and the System Improvement Plan will offer an initial road map for Marin to achieve these goals, and with the support of our community based providers, educators, and community foundations we will partner together to develop a strong future for our children.

## Component A

<b>Outcome/Systemic Factor:</b> 1B – Recurrence of Maltreatment with a prior substantiated report of abuse/neglect					
<b>County’s Current Performance:</b> Marin’s current performance is 14.5%. In completing our self-assessment we learned that many community partners would like to see more preventive work done with children and families in the community. This would include early identification and involvement in supportive services that are family specific.					
<b>Improvement Goal A1.0</b> Decrease our rate of recurrence of maltreatment from 14.5% to 12% over the next 24 months					
<b>Strategy A1. 1</b> Adopt Structured Decision Making for Child Welfare				<b>Strategy Rationale</b> Supervisors and Workers within CPS differ in their decision making process when initially assessing CPS referrals. The use of a consistent safety assessment process will help to identify families who could utilize earlier intervention, either through CPS or Community Agencies	
Milestone	<b>A1.1.1</b> Cost Estimates and roll-out plan developed	Timeframe	June 2004	Assigned to	Social Services –Children’s Services Managers
	<b>A1.1.2</b> Managers/Supervisors and Staff trained in SDM		Sept.2004-November 2004		Vendor and Staff Development
	<b>A1.1.3</b> All Staff begin using SDM		December 2004		Oversight by Program Manager II, mangers and supervisors are key in assuring staff accountability to new SDM process
<b>Strategy A1. 2</b> Monitor use of SDM tools and measure changes in decision-making				<b>Strategy Rationale</b> Measures are needed to verify that staff have adopted the SDM tools and philosophy and recurrence of maltreatment rates are being positively impacted.	
Milestone	<b>A1.2.1.</b> SDM vendor trains managers and supervisors in use of system for monitoring staff	Timeframe	November 2004	Assigned to	Oversight by Program Manager II
	<b>A1.2.2</b> SDM vendor provides periodic management reports		January –December 2005		Oversight by Program Manager II

<b>Strategy A2.1</b> Conduct Pilot Project utilizing a Differential Response in Identified High Risk Communities to use community based, culturally competent preventative services for families at risk of child abuse and neglect			<b>Strategy Rationale</b> Exploring the use of differential response techniques in communities with high referral numbers will improve early family engagement, assist referred families to build on their strengths, link families with community resources, and improve communication between communities and CPS.		
Milestone	<b>A2.1.1</b> Complete assessment of screened out referrals for the past 6 months to determine high risk communities, and nature of referrals.	Timeframe	October 2004	Assigned to	CPS Quality Assurance Manager
	<b>A2.1.2</b> Build on work currently being done with Breakthrough Collaborative/State Redesign Committee and begin planning with identified community partners to develop procedures for differential response pilot.		January 2005		Emergency Response Program Manager, Quality Assurance Program Manager, Child Abuse Prevention Director, identified Community Representatives
	<b>A2.1.3</b> Complete procedures for differential response pilot and train Intake staff and community partners. Pilot 3-5 families in selected communities.		March 2005		Emergency Response Program Manager, Staff Development, Child Abuse Prevention Director, Community Partners
<b>Strategy A2. 2</b> Create a Public Information Strategy to provide community outreach and disseminate information on Marin County Child Protective Services, increase Community presence, develop additional community resources to assist and support families.			<b>Strategy Rationale</b> By educating the community; schools; daycare providers; and community partners on the role of CPS and what services they can provide, the community can work to develop resources that can assist and support families when CPS intervention is not warranted.		
Milestone	<b>A2.2.1</b> Develop a strategy to increase trainings, education, and community knowledge regarding CPS services and resources.	Timeframe	March 2005	Assigned to	CPS Management Staff; Staff Development; Stakeholders Committee
	<b>A2.2.2</b> Conduct a community forum to further engage and educate the community on specific issues pertaining to child abuse and neglect		April 2005		Stakeholders Committee

<b>Strategy A2.3</b> Improve communication with court personnel and judicial system			<b>Strategy Rationale</b> All parties agree that current adversarial system hinders the ability to engage families in early case planning work and in working collaboratively with attorneys and CASA on earlier prevention		
Milestone	<b>A2.3.1</b> Juvenile Court Task force to meet regularly and include court personnel, attorneys, CASA, Probation and judicial representatives to discuss ongoing issues and implement procedural change as needed	Timeframe	Meetings ongoing: occur every other month	Assigned to	CPS Court Officer
	<b>A2.3.2</b> In working with the current “Safety Net” advisory group, CPS will identify 2 families ( 1 voluntary pre-detention/1 post-detention) to participate in a family group conferencing model which would include attorneys; CASA; and community service representation		January 2005		CPS Program Manager; Safety Net Planning Committee
	<b>A2.3.3</b>				
<b>Describe systemic changes needed to further support the improvement goal.</b> Full Implementation of Structured Decision Making model to ensure consistency and proper use of risk assessment tools					
<b>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</b> Full and ongoing staff training on SDM; Differential Response; and Risk Assessment Tools					
<b>Identify roles of the other partners in achieving the improvement goals.</b> Redesign Stakeholders Committee to coordinate community education; identify available community service providers; participate in Differential Response Pilots					
<b>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</b> This will continue to be identified as Counties implement Differential Response Systems					

## Component C

<b>Outcome/Systemic Factor:</b> 3C- Stability of Foster Care Placement					
<b>County's Current Performance:</b> Marin's current performance is 55.6%. This indicates that for all children in foster care placement over a 12 month period, 55.6% had no more than 2 placements.					
<b>Improvement Goal C1.0</b> Increase our goal to 65% over the next 24 months					
<b>Strategy C1. 1</b> Strengthen and expand current foster care network			<b>Strategy Rationale</b> By increasing the number of homes available, and improving the current communication, training and support to placement providers, foster parents will be better prepared to manage and maintain stable placements		
Milestone	<b>C1.1.1</b> Meet on a regular basis (every other mo.) with foster parent association in order to improve and facilitate ongoing communication.	Timeframe	September 2004	Assigned to	Child Protective Services Supervisors and Program Managers
	<b>C1.1.2</b> Develop and expand recruitment tools with the goal of recruiting 3 additional foster homes per year.		January 2005		CPS Licensing Supervisor and Program Manager; Stakeholders Group
	<b>C1.1.3</b> Conduct a joint training opportunity for foster parents and social workers		April 2005		Staff Development
<b>Strategy C1. 2</b> Develop a multi-disciplinary team utilizing foster care nursing; mental health practitioners; and CPS staff to be assigned at placement and be available for support and assistance as needed.			<b>Strategy Rationale</b> A consistent team, able to mobilize quickly to support each foster parent as needs arise will be able to access needed services and prevent situations from deteriorating to failed placements.		
Milestone	<b>C1.2.1.</b> Develop a multi-disciplinary team approach consisting of both public and private providers and pilot with 1-3 foster families.	Timeframe	April 2005	Assigned to	CPS management staff; Stakeholders Group; Community Mental Health TBS liaison.
	<b>C1.2.2</b> Investigate options for increasing access to TBS services, respite services, and specialized daycare for children in placement		June 2005		Stakeholders Group



<b>Strategy C2.1</b> Coordinate Local Group Home providers in order to streamline service provision, improve aftercare services, and insure local placement needs are being met			<b>Strategy Rationale</b> By improving coordination and collaboration between service providers we can strive to keep Marin children in local placements; limit duplication of services; identify necessary aftercare supports; and decrease failed residential placements.		
<b>Milestone</b>	<b>C2.1.1</b> Convene local Group Home Providers to develop a plan to better serve the needs of Marin placements (both Probation and CPS). Areas to explore include: aftercare services; dedicated community beds; family support; TBS availability; educational needs; placement costs.	<b>Timeframe</b>	January 2005	<b>Assigned to</b>	Stakeholders Group
	<b>C2.1.2</b> Convene quarterly meetings of Group Home Providers to assess community needs on an ongoing basis.		January 2005		Stakeholders Group
<b>Describe systemic changes needed to further support the improvement goal.</b> none					
<b>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</b> Ongoing training and education aimed at facilitating the relationship between foster parents and staff					
<b>Identify roles of the other partners in achieving the improvement goals.</b> Community Mental Health; Group Home Providers; Private Services Providers; Education; Childcare providers need to further collaborate in order to increase access to services such as TBS; aftercare/wraparound; respite; mentoring; daycare.					
<b>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</b> Statewide analysis of current foster home rate system to determine adequacy.					

## Component B:

<b>Outcome/Systemic Factor:</b> 3G- Rate of Foster Care Re-Entry						
<b>County's Current Performance:</b> Marin's current performance is 27.3%. This data indicates that within 12 months of reunification, 27.3% of children re-enter the foster care system. Preventing the recurrence of maltreatment is a core value in the work of Child Welfare, and in conducting the County Self-Assessment Marin learned that the community places great importance on improving these outcomes, with the goal being that families integrate successfully with the tools they need to succeed.						
<b>Improvement Goal B1.0</b> Decrease our rate of Foster Care Re-Entry from 27.3% to 20% over the next 24 months						
<b>Strategy B1. 1</b> Adopt Structured Decision Making for Child Welfare				<b>Strategy Rationale</b> Supervisors and Workers within CPS differ in their decision making process when making critical case decisions, such as reunifying a family. The use of a consistent safety assessment process will help to identify families who could benefit from increased supportive services, increased reunification transitions, or alternative planning, should reunification not be appropriate.		
Milestone	<b>B1.1.1</b> Cost Estimates and roll-out plan developed		Timeframe	June 2004	Assigned to	Social Services –Children's Services Managers
	<b>B1.1.2</b> Managers/Supervisors and Staff trained in SDM			Sept.2004-November 2004		Vendor and Staff Development
	<b>B1.1.3</b> All Staff begin using SDM			December 2004		Oversight by Program Manager II, managers and supervisors are key in assuring staff accountability to new SDM process
<b>Strategy B1. 2</b> Monitor use of SDM tools and measure changes in decision-making				<b>Strategy Rationale</b> Measures are needed to assure that all staff have adopted the SDM tools and philosophy and recurrence of maltreatment rates are being positively impacted.		
Milestone	<b>B1.2.1.</b> SDM vendor trains managers and supervisors in use of system for monitoring staff		Timeframe	November 2004	Assigned to	Oversight by Program Manager II
	<b>B1.2.2</b> SDM vendor provides periodic management reports			January –December 2005		Oversight by Program Manager II
<b>Strategy B2.1</b> Create a Public Information Strategy to provide community outreach				<b>Strategy Rationale</b> By educating the community; schools; daycare providers; and		

and disseminate information on Marin County Child Protective Services, increase Community presence, develop additional community resources to assist and support families.			community partners on the role of CPS and what services they can provide, the community can work to develop additional resources that can assist and support families when CPS intervention is no longer warranted.		
Milestone	<b>B2.1.1</b> Develop a strategy to increase trainings, education, and community knowledge regarding CPS services and resources.	Timeframe	March 2005	Assigned to	CPS Management Staff; Staff Development; Stakeholders Committee
	<b>B2.1.2</b> Conduct a community forum to further engage and educate the community on specific issues pertaining to child abuse and neglect		April 2005		Stakeholders Committee
<b>Strategy B2.3</b> Improve communication with court personnel and judicial system			<b>Strategy Rationale</b> Marin County’s Self Assessment indicates that the current court environment does not support a family focused, collaborative team approach. It is expected that by improving ongoing communication and training between court representatives and CPS staff, and investigating alternative methods to support strength based, family reunification case planning, the resulting reunification will be successful.		
Milestone	<b>A2.3.1</b> Juvenile Court Task force to meet regularly and include court personnel, attorneys, CASA, Probation and judicial representatives to discuss ongoing issues and implement procedural change as needed	Timeframe	Meetings ongoing: occur every other month	Assigned to	CPS Court Officer
	<b>A2.3.2</b> In working with the current “Safety Net” advisory group, CPS will identify 2 families ( 1 voluntary pre-detention/1 post-detention) to participate in a family group conferencing model which would include attorneys; CASA; and community service representation		January 2005		CPS Program Manager; Safety Net Planning Committee

<b>Describe systemic changes needed to further support the improvement goal.</b>
Full Implementation of Structured Decision Making model to ensure consistency and proper use of risk assessment tools
<b>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</b>
Full and ongoing staff training on SDM;; and Risk Assessment Tools; ongoing training on improving communication between court personnel and CPS
<b>Identify roles of the other partners in achieving the improvement goals.</b>
Redesign Stakeholders Committee to coordinate community education; identify available community service providers;
<b>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</b>
Expanding the current timeframe for family maintenance services to allow for longer periods of service provision to integrate, maintain, and support children in their homes

## Component D

<b>Outcome/Systemic Factor:</b> Youth Emancipating from Foster Care are prepared to transition to adulthood					
<b>County's Current Performance:</b> Marin County performs well in the area of Transitioning Youth to Self-Sufficient Adulthood. Data indicates over 100 youth receiving Independent Living Services. Marin County Self-Assessment indicates that this is a very important issue for the community and participants stress the importance on ensuring a successful transition to adulthood.					
<b>Improvement Goal D1.0</b> Ensure all youth in the foster care system are provided with the skills and support necessary for a successful transition to adulthood					
<b>Strategy D1. 1</b> Institute regular Family Group Conferencing (Family Network) Team Meetings 2x yearly on each youth in care, beginning at the age of 16			<b>Strategy Rationale</b> By bringing together a multi-disciplinary team, consisting of the youth, foster parents, biological parents if appropriate, treatment and educational providers, attorneys, CASA, ILP coordinator, social worker, and other support people, all can begin to prepare for emancipation and have the necessary resources in place when needed.		
Milestone	<b>D1.1.1</b> Schedule Family Network Team meetings to occur in the ILP office 2x per year, prior to regular court review dates, and beginning at age 16.	Timeframe	October 2004	Assigned to	CPS Program Manager, ILP Coordinator, CASA supervisor.
	<b>D1.1.2</b> Conduct a series of Outreach Training to all Public Agency personnel (Probation; Community Mental Health; CPS), as well as care providers on the Independent Living Program, and all of the services available to youth who participate, regardless of the system they are placed in		January 2005		CPS Program Manager (oversight); ILP Coordinator; Stakeholders Committee; Staff Development
<b>Strategy D1. 2</b> Develop an Outreach Strategy to inform the Community of the needs of youth emancipating from Foster Care			<b>Strategy Rationale</b> By educating the community to the needs of youth, ranging from affordable housing to ongoing mentoring and support, we can begin to develop a system of services aimed at providing for this population.		
Milestone	<b>D1.2.1.</b> Explore Community Housing Options, and current services available	Timeframe	March 2005	Assigned to	Stakeholders Committee
	<b>D1.2.2</b> Develop Community Engagement Strategy to educate community member's, private business and service providers on youth needs		March 2005		Stakeholders Committee

<b>Describe systemic changes needed to further support the improvement goal.</b> Improve coordination between service providers and emancipating youth
<b>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</b> Need to educate all providers on available ILP services
<b>Identify roles of the other partners in achieving the improvement goals.</b> Need to identify additional community partners (faith based; private business; housing advocates)
<b>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</b> Lower the current age requirement for ILP eligibility to 15